



PHYSICAL THERAPY BOARD OF CALIFORNIA

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204
TELEPHONE: (916) 561-8200 FAX: (916) 263-2560



CERTIFICATE OF COMPLETION

(To be completed by College Registrar or Program Director Only)

INSTRUCTIONS: Applicants must submit this form for proper signature where the physical therapist or physical therapist assistant program was completed. **This form is to be completed by the college/university registrar or program director only.** The Certificate of Completion must be received in this office prior to approval for examination. It may be sent directly from the institution to the Board or accompany your application, **but must remain in the sealed envelope or it will be returned!**

☐ Physical Therapist

☐ Physical Therapist Assistant

This certificate is to certify _____
Candidate's Name

has completed all coursework, research, and clinical practice on _____ as required for
Date

graduation by: _____
Name of Institution

Signed and the college seal affixed this _____ day of _____, _____.
Month Year

BY _____
Signature of Registrar or Program Director

TYPE or PRINT your name

School Seal MUST be Imprinted

[S E A L]